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Good morning

My name is Karen Swann and I am head of occupational Health at Airedale NHS Trust.

I'm here to talk to you this morning about how we have redesigned our processes to develop and implement a stepped care approach to mental health in the workplace; and to demonstrate how implementing the model has provided real benefits to employees and employers alike

I will start by telling you a little bit about our service and who we provide OH services to. Then I'll talk about why we needed to tackle mental health in the workplace and how we adapted NICE guidance on anxiety and depression to implement a stepped care approach.

I will finish by sharing some of the outcomes of implementing the model

**Bradford
&
Airedale tPCT
(5000)**



Public sector

**AGH
(2500)**

**Local Business
&
industry**

Airedale NHS Trust has an onsite OH department providing services to over 2900 employees, the majority of whom work within a 20 mile radius of the hospital

We also provide all the OH services to over 5000 staff, for the Bradford & Airedale tPCT including all GP and dental practices within the TPCT.

On a smaller scale we have a contract to deliver to a local government dept in the area and several OH contracts with small businesses in the area

So what does OH do?

Our OH service exists to protect employees from ill-health, promote good health and prevent ill health employees

If you work n the NHS or Public sector you will probably have had some contact with your OH service when you were recruited, as most public sector bodies require that applicants undergo pre-employment screening before they are offered a post.

Some of you may have had contact with OH because you require vaccinations to protect you from viruses to which you may be exposed for eg Hepatitis B

For many people this will be their only experience of OH

However this is a relatively small part of what OH services we provide, much of our time is spent trying to support employees who are unfit for work or who are finding it difficult to remain at or return to work because of illness

What's the Problem?

- 1 in 6 people in England suffer from a common mental health problem
- It is estimated that GP's spend one third of their time on mental health issues
- If an individual is off work for 12 months they are unlikely to return to work for another seven years

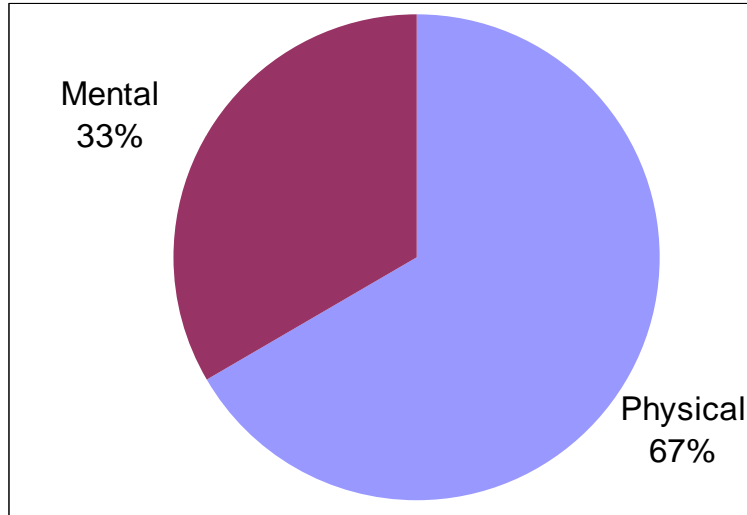
So why did we need to address mental health problems

1)Mental ill-health is a national problem

2)Many GPs acknowledge that they do not have the time to deal effectively with patients presenting with mental health problems – they find it easier (or quicker) to prescribe medication and give a sick note than to listen to their concerns

3) Clearly we don't want our employees to get to the point where they are unable to work for 7 years

Jan – Dec 2007



As well as the national picture, you can see from this slide that a large proportion of absence in our Trust in 2006 was due to mental health problems

However, as a team we felt that we did not have the skills to support people presenting with mental health problems, so we would refer them to our counsellor, OHP or send them to their GP. - Anybody as long as we didn't have to try and muddle through.

What's the Solution?



- Research in Australia suggests that those who were removed from work and treated outside for psychological problems actually did worse than those who were not identified (Hilton 2007)

We started looking at ways of dealing with mental health in 2005 and found lots of evidence that employees who receive support at work, did better than those who didn't and since then more research has been published to support this. In 2007 research – -----read from slide

What's the Solution?



- Early identification and increasing access to evidence based psychological interventions should be delivered as far as possible in the workplace (Sainsbury Centre for Mental Health Oct 2007)

And actually since then

The Sainsbury report in Oct 2007 found thatread from slide


What's the Solution?



- Clinical evidence suggests that better access to Cognitive Behaviour Therapy (CBT) can help reduce both time off work due to ill health and the claiming of incapacity benefits
- Being in employment and maintaining social contacts improves mental health outcomes, prevents suicide and reduces reliance on health services

Cognitive Behaviour Therapy or CBT is based on a 'model' or theory that it's not events themselves that upset us, but the meanings we give them.

Instead of focussing on the causes of distress or symptoms in the past, it encourages people to focus on the here and now. It teaches users to recognise that how they think about a problem can actually affect how they feel physically and emotionally



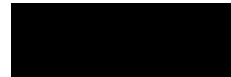
NICE guidance: Anxiety CG22
 Depression CG23

NICE Guidance for anxiety and depression supports the use of CBT and introduces a stepped care approach to mental health which is a system of delivering and monitoring treatments so that the most effective yet least resource intensive treatment is delivered first

In Spring 2007 The Care Services Improvement Partnership (now NIMHE), contacted me and asked whether we would be interested in becoming a demonstration site to look at NICE guidance on Anxiety and depression and adapt their guidance so that it could be used in the workplace.

Obviously given the problems we already had when dealing with employees with mental health – We jumped at the chance

Stepped Care Model



Working with CSIp we looked a NICE guidance and with training from York University we were able to identify how the stepped care approach could be adapted and used in the workplace.

The principle behind the stepped care approach was that most people could be managed in the first 2 steps and so we adapted the "Nice" stepped care model so that the first 2 steps fitted into our service

Step 1 In order to assess our employees we adopted existing screening tools for anxiety and depression and attended York University where we were given intensive training in effective assessment methods. Following assessment, nurses identify whether the client should be accelerated to a different step or whether watchful waiting is sufficient.

Watchful waiting usually means that we feel that the problem will resolve without intervention, however we arrange to review the client at a later date just in case

Step 2 The OHNs were also taught basic CBT. For those of you who don't know, CBT is a way of

and behaviour activation skills and given examples of guided self-help to use at this stage. We also contracted a therapist to provide complementary therapy and bought a license for computerised cognitive behaviour therapy so that we could offer rapid access to CBT and offer relaxation where appropriate.

At this stage we sometimes refer clients back to their GPs for medication if the assessment highlights a need. However we continue to support clients whilst on medication

Step 3 used For those employees assessed as needing more advanced care or support we existing pathways to our OHP and counsellor

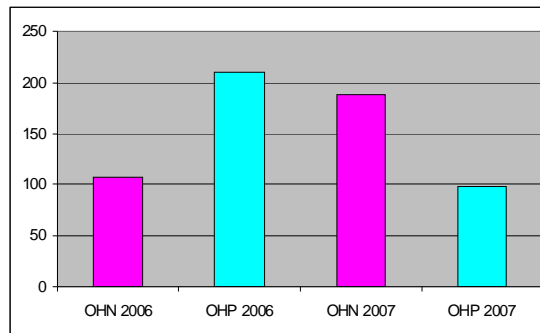
Step 4 For Employees requiring specialist input we set up pathways to psychology

Step 5 through the For those employees who we consider to be at immediate risk we set up a pathway crisis resolution team

Outcomes



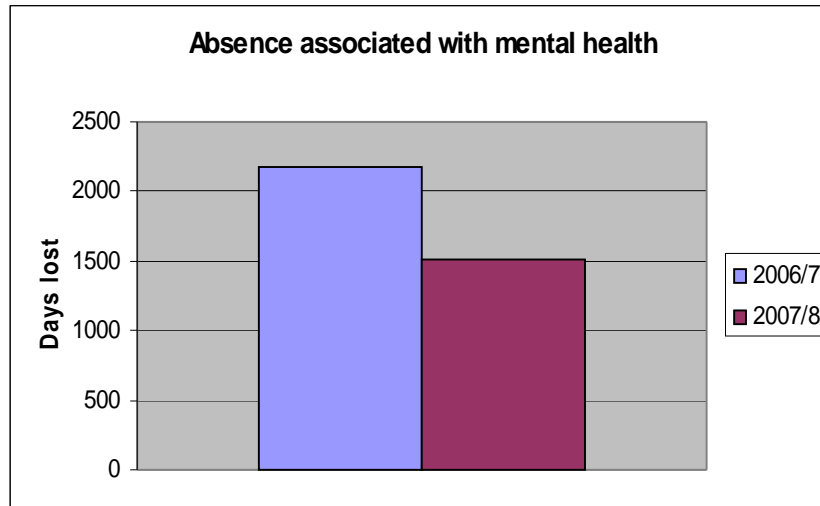
Sickness absence referrals
April - December



Actually, since we introduced this approach and the OHNs feel more confident in dealing with people with anxiety and depression, the number of clients that the counsellor see has decreased and the ratio of Nurse against Doctor referrals was almost completely reversed. The implication of this was that it was actually cheaper to use the stepped care approach than our previous way. Also the reduction in referrals to our OHPs enabled me to utilise their time to increase the work we could provide to the private sector, thus improving our income generation which is reinvested in the health of our staff.

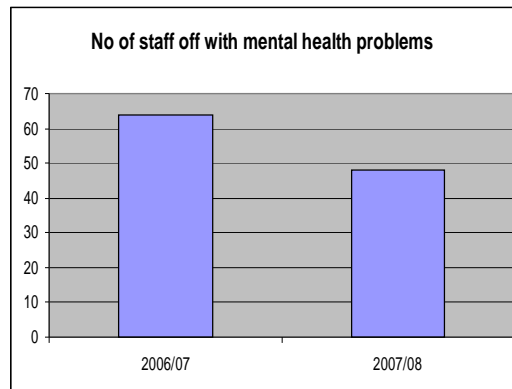
I must tell you at this point about some of our experiences – as I mentioned I and my nurses were taught behaviour activation skills. This is a process ---
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Outcomes



Another positive outcome is that we found that days lost due to mental health had significantly reduced from over 2200 to 1500

Outcomes



saving £225,000 per annum

As well as the actual number of days lost, we also measured during a 3 month measurement period, the actual number of staff off work due to mental health problems reduced from 64 in 2006/07 to 48 in 2007/08 and those 48 people had actually taken 2 days off less than the 64 had the previous year.

This may not sound a lot but if this trend was calculated over a year, it would mean a saving of £225,000 per annum.

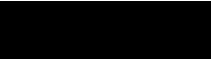
The cost of implementing the approach will run at less than £16K per annum more than we previously spent. This figure doesn't take account of nursing time, because we were already using it

But actually the saving is based on reducing sickness absence and does not take account of the savings within the dept by less referrals to the counsellor and OHPs

Evaluation



- Only 3 people were stepped up to level 4/5 in past 18 months
- cCBT useful for keeping people at work
- Helped those off work return sooner
- Complementary therapy enabled staff to remain at work



I feel without help from Occupational health I would have been off work a lot longer

I feel I benefited greatly from the therapy sessions and that they were very constructive to my recovery

I could not have carried on working without this support

**Positive
Feedback
from
Employees**

The therapy has helped my health and restored my life patterns

Your help, encouragement and listening time have helped me to stay at work during a difficult period in my life.

The Complementary Service really supported me when I returned to work.

Finally I just wanted to share with you, some of the comments that we have received from employees who have been through the process